

PUTNAM COUNTY AMBULANCE SERVICE TRAINING PROGRAM EVALUATION

TRAINEE'S NAME _____ DATES TRAINED _____

TRAINING OFFICER(S) _____

RATE YOUR TRAINING USING THE FOLLOWING SCALE:

(5) STRONGLY AGREE & (1) STRONGLY DISAGREE

TRAINING PROGRAM WILL BE BENEFICIAL FOR FUTURE
EMPLOYMENT AT PCAS.

1 2 3 4 5

TRAINING OFFICER WAS HELPFUL AND WILLING
TO TEACH .

1 2 3 4 5

TRAINING OFFICER WAS RELAXED AND COMPETENT WITH
SKILLS .

1 2 3 4 5

TRAINING OFFICER CREATED AN ENVIRONMENT
CONDUCTIVE TO LEARNING .

1 2 3 4 5

TRAINING PROGRAM NEEDS IMPROVEMENT.

1 2 3 4 5

COMMENTS
